

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 04-12-04.

I. DISPUTE

Whether there should be reimbursement for CPT codes 72275-TC-59, 99499-RR, J0704, J2000, J3010, J2912, J2250 and J3470 and HCPCS codes A4550 and A4305 for date of service 11-20-03.

II. FINDINGS

The medical necessity issues for date of service 11-20-03 were withdrawn on 05-12-04 by Timothy Hilderbrand with US Imaging, Inc.. Per Rule 133.307(g)(3), a Notice was submitted to the requestor on 05-12-03 requesting the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

III. RATIONALE

CPT code 72275-TC-59 date of service 11-20-03 denied with denial code "G" (global). Per Rule 133.304(c) and 134.202(a)(4) the carrier did not specify which service code 72275-TC-59 was global to. Reimbursement per the Medical Fee Guideline effective 08-01-03 in the amount of \$107.84 (\$86.27 X 125%) is the MAR. The requestor listed \$92.00 on the table of disputed services as the amount in dispute, therefore \$92.00 is the recommended reimbursement.

HCPCS code A4550 date of service 11-20-03 denied with denial code "G" (global). Per Rule 133.304(c) and 134.202(a)(4) the carrier did not specify which service code A4550 was global to. Reimbursement is recommended in the amount of \$85.00.

HCPCS code A4305 date of service 11-20-03 denied with denial code "G" (global). Per Rule 133.304(c) and 134.202(a)(4) the carrier did not specify which service code A4305 was global to. Reimbursement is recommended in the amount of \$130.00.

CPT codes 99499-RR, J2000, J3010, J2912, J2250 and J3470 date of service 11-20-03 denied with denial code "D" (duplicate). The Medical Review Division cannot determine the original reason for denial. No reimbursement is recommended.

CPT code J0704 date of service 11-20-03 denied with denial code "F" (fee guideline MAR reduction). Per the Medical Fee Guideline effective 08-01-03 reimbursement in the amount of \$1.34 (\$1.07 X 125%) is the MAR. The carrier has paid \$1.34 as noted on the table of disputed services. No additional reimbursement is recommended.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 72275-TC-59 and HCPCS codes A4550 and A4305. The requestor **is not** entitled to reimbursement for CPT codes 99499-RR, J2000, J3010, J2912, J2250, J3470 and J0704.

V. ORDER

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the Medicare program reimbursement methodologies effective August 1, 2003 per Commission Rule 134.202(c), plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 11-20-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

The above Findings and Decision and Order are hereby issued this 4th day of November 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh